

**Civilian Personnel**

# **Worker's Compensation Handbook for Supervisors of Appropriated Fund, Nonappropriated Fund, and Host Nation Employees**

**Headquarters  
United States Army, Europe, and Seventh Army  
United States Army Installation Management Agency  
Europe Region Office  
Heidelberg, Germany**

**21 October 2005**

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### Civilian Personnel

## Worker's Compensation Handbook for Supervisors of Appropriated Fund, Nonappropriated Fund, and Host Nation Employees

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**Summary.** This pamphlet provides information to help supervisors process actions that fall under the Federal Employees' Compensation Act (FECA).

**Applicability.** This pamphlet applies to supervisors of U.S. and local national (LN) civilian employees of the U.S. Army in the European theater.

**Supplementation.** Organizations will not supplement this pamphlet without USAREUR G1 (AEAGA-CE) approval.

**Forms.** AE and higher-level forms are available through the Army in Europe Publishing System (AEPUBS) at <https://aepubs.army.mil/ae/public/main.asp>.

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*This pamphlet is available at <https://www.arims.hqusareur.army.mil/library/>.*

**Records Management.** Records created as a result of processes prescribed by this pamphlet must be identified, maintained, and disposed of according to AR 25-400-2. Record titles and descriptions are available on the Army Records Information Management System website at <https://www.arims.army.mil>.

**Suggested Improvements.** The proponent of this pamphlet is the USAREUR G1 (AEAGA-CE, DSN 370-2540). Users may suggest improvements to this pamphlet by sending DA Form 2028 to the USAREUR G1 (AEAGA-CE), Unit 29351, APO AE 09014-9351.

**Distribution.** C (AEPUBS).

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## APPROPRIATED FUND PROGRAM

### Overview

The Federal Employees' Compensation Act (FECA) provides benefits to appropriated fund (APF) civilian employees for work-related injuries, illnesses, and diseases. FECA also provides benefits to surviving dependent family members when a work-related injury, illness, or disease results in an employee's death.

The FECA Program is managed by the U.S. Department of Labor (DOL). The DOL website (<http://www.dol.gov/esa/aboutesa/mission/owcp/fecamission.htm>) has extensive information about the FECA Program.

You, the supervisor, play an important role in managing and controlling the FECA Program. Your typical responsibilities include the following:

- Initiating immediate medical treatment for the injured employee.
- Reporting the injury, investigating its causes, and initiating corrective measures.
- Maintaining contact with the injured employee.
- Working with an employee who is absent because of a work-related injury or occupational illness.
- Developing light-duty, modified, or alternative productive work assignments.

Medical bills and supporting documents should be provided to the civilian personnel advisory center (CPAC) injury compensation program administrator (ICPA), who will forward them to the Office of Workers' Compensation Program (OWCP) for payment. It is recommended that documents written in a foreign language be translated into English before sending them to the ICPA to avoid delays for translation.

## Obtaining Medical Care

Your first concern must be initiating immediate medical treatment for the injured employee. The employee has the right to choose the treating physician. The employee must notify you of the preferred choice before scheduling an appointment. The employee's choice of physician must be honored, and treatment by the employee's physician must not be delayed to obtain an agency-directed medical examination. In accordance with Office of Personnel Management (OPM) regulations, physicians employed by or under contract to the Army may examine the employee at an Army facility.

When the employee requires medical treatment because of a traumatic on-the-job injury, you should complete the front of Form CA-16. If the care will exceed 60 days, contact the CPAC ICPA for guidance. For more information, see <http://www.chra.eur.army.mil>, click on *Management Tools*, then on *On the Job Injuries*.

For each type of claim, an employee is responsible for submitting or arranging for submission of a medical report from the treating physician. Encourage employees to seek treatment at a U.S. military medical treatment facility (MTF) where they will not be billed for the initial treatment or for follow-on treatments within 60 days after authorization of the Form CA-16. Employees who are eligible for TRICARE benefits (such as family members of active duty Soldiers) cannot use TRICARE coverage when medical care is required for a work-related injury. You should advise your employees to do one or both of the following:

- Seek medical care from a local (host nation) physician or hospital.
- Call or visit the TRICARE service center at the local military clinic or hospital for assistance and information on available host-nation medical care. All TRICARE service centers keep a list of host-nation providers who speak English.

When OWCP sends payment for medical care to the employee, the employee will be responsible for ensuring the bill is paid in full. An employee can arrange for the bill to be paid directly to the doctor by indicating this preference on the Form CA-16. Sometimes this payment arrangement may not be feasible because of the amount of time needed to process the claim.

## Filing Claims

Encourage employees to report all work-related injuries and illnesses to you and to file an official claim even if there is no lost time or medical expense. DOL considers claims to be "timely" if they are submitted within 3 years. It will be

easier for the employee to prove his or her case, however, if the paperwork is submitted as soon as possible after the occurrence of the injury, disease, or illness. As a supervisor, you may controvert or question a claim by investigating the claim and providing written evidence. (See *Controverting Suspicious Claims* on page 9 for more information.)

**Form CA-1.** Use the partially automated electronic data interchange (EDI) to file a claim if available. Instructions for using the EDI are at <http://www.chra.eur.army.mil>; click on *Management Tools, On the Job Injuries*, then on *Workers' Compensation Online Claim Form Submission Program (CA-1 and CA-2)*. Tips on using the EDI process are on page 15 under APF Tips on Using EDI To File a Claim. If the injury is so severe that the employee cannot fill out the form, you, a family member, or a friend can fill it out and sign it. After completing the front and back of the form in EDI, print the form, sign it, and obtain the employee's signature.

Inform the employee of the right to elect continuation of pay (COP) or annual or sick leave if loss of worktime will occur. The injured employee is entitled to COP from the employing agency for up to 45 days after the injury occurs. Advise the employee of his or her responsibility to submit supporting medical evidence within 10 calendar days or risk termination of COP. Information on COP is at <http://cpol.army.mil/library/permis/2904d.html>. Although an injured employee may use sick or annual leave, this is not required, and doing so could cost the employee a significant amount of money to repurchase the leave (see information on page 11). If an employee cannot return to work because of an injury and is losing (or expecting to lose) pay for more than 3 days, it is often preferable to use leave without pay (LWOP) and claim compensation instead. The employee should make this decision only after reviewing the information on Form CA-7. For more information about available options, go to <http://www.dol.gov/esa/regs/compliance/owcp/fecacont.htm>.

**Form CA-2.** Form CA-2 should be completed using EDI to report an occupational disease, injury, or illness that has developed over a long period of time. Form CA-2 should be filed within 30 days after the date the employee realized the disease or illness was caused or aggravated by an "employment event."

When filing a claim for occupational disease or illness, an employee must submit the detailed information required by Form CA-2 and on any checklist provided by the supervisor or human resources office (HRO). OWCP has developed checklists to identify and document particular occupational diseases and illnesses. Medical reports must also include the information specified on the checklist for the particular disease or illness claimed.

Once a claim has been filed with OWCP, an employee has the right to withdraw the workers' compensation claim by requesting this in writing from OWCP through the responsible ICPA office before OWCP determines eligibility for benefits.

## **Recording Absence From Duty**

**Date-of-Injury Determination.** The 45 calendar days of COP will begin according to one of the following rules:

- If the injury occurred before the start of the employee's scheduled tour of duty, the first day charged to COP will be the date of injury. (For example, an employee whose tour begins at 0900 is injured while entering the building at 0850 on Tuesday; Tuesday would be the first day of COP.)
- If the injury occurred during the employee's scheduled tour of duty and immediate time loss resulted, the first day charged to COP is the first calendar day after the date of injury, making the day of injury an administrative leave day. (For example, an employee whose tour begins at 0900 has a disabling on-the-job injury at 1045 on Tuesday. The employee cannot return to duty for 5 days. Wednesday would be the first day of COP.)
- When time loss was not immediate, the first day charged to COP will be the first day in which any time is lost after the date of the injury. (For example, an employee is injured at 1400 on Tuesday, is examined at the activity hospital, and returns to duty after the examination. At 1000 on Thursday, the employee returns to the activity hospital for a follow-up examination. In this case, Thursday would be the first day of COP.)

COP may be used in increments. For example, your part-time (6 hours per day) employee has a release to return to work but must go to physical therapy 2 hours per day. The time and attendance record would show 4 hours regular duty and 2 hours LT. Even though only 2 hours of COP were used on this day, it still counts as a whole day out of the 45-day entitlement of COP.

More COP information is on page 11 and at <http://www.per.hqusareur.army.mil> (click on *Civilian Personnel Directorate (CPD)*, *On-the-job injuries*, then on *Continuation of Pay (COP)*).

**Leave Without Pay.** LWOP due to an injury or occupational disease is coded KD on time-and-attendance records, which stands for disability-nonpay. This puts the employee in an approved LWOP status and flags the LWOP as being caused by a work-related medical condition. Unlike other LWOP absences, the time missed from work will not count against the employee's tenure benefits (for example, within-grade increases, leave accrual).

## Light-Duty Work

FECA requires that light-duty assignments be provided to employees faced with a job-related injury, occupational illness, or disease that prevents them from performing the full range of their normal duties.

When the physician has authorized the employee to return to work to perform limited duties, you should coordinate with the CPAC ICPA to offer light-duty work to the employee in the assigned position or another position. If there is no position within the immediate organization and one cannot be created, the CPAC ICPA will review vacancy and recruitment actions within the serviced area to identify possible positions that could be used for light duty. Employees will be given priority consideration for positions for which they qualify and that accommodate their medical restrictions and limitations. Proposed official position descriptions or written statements of duties must be provided to the attending physician to ensure that light-duty offers are compatible with medically imposed restrictions and limitations. All the benefits an employee receives from DOL will be charged to the agency. It is important that management gets a “return on investment for productivity” by identifying light duties that the injured employee can perform. This will also keep the employee involved in the organization and may speed the employee’s recovery. To help your employee return to work, consider the following:

- Can my employee return to his or her former job without modification?
- Can my employee return to his or her former job with modification?
- Can my employee return to another job in the organization?
- Can we create a job to accommodate my employee’s restrictions?

Since you are most familiar with your work unit, you are in the best position to accommodate your employee’s return to work. Any accommodation made for an employee must be documented in writing to ensure that all concerned are aware that reasonable accommodations have been made and that the duties of the job being offered are within the employee’s capabilities. If accommodation is not documented and you have to later separate the employee, he or she will likely be eligible to resume compensation.

**NOTE:** Before you make arrangements for and document job offers, contact your CPAC ICPA for guidance. A sample light-duty letter for APF employees is at <http://www.cpmo.osd.mil/cpm/docs/sc810f27.pdf>

## **Permanent Medical Restrictions**

Your employee will not be assigned to limited duties indefinitely. If the employee is permanently unable to return to his or her previous duties, work with the CPAC ICPA to assign the employee to another position where he or she can fully perform. If you cannot identify a suitable position in your organization, the CPAC ICPA will assist in locating another position within the serviced area. If the reassignment results in lower wages or fewer hours of work for the employee, he or she may file a claim for the difference in wages with the DOL. Contact your CPAC ICPA for specific guidance.

## **Controverting Suspicious Claims**

The circumstances surrounding the reported injury or disease may arouse your suspicions that the condition is not work-related. Even if this occurs, you must remember that as a supervisor, you are obligated to assist your employees in processing the paperwork in a timely manner. Your failure to do so can be punishable under the law.

Neither you nor the agency may determine if an employee should file a claim or receive benefits. Only the DOL has authority to approve or disapprove claims and to determine if benefits will be paid.

Rather than impeding your employee's rights to file a claim, you may gather witness statements (for example, from people who heard the employee state that he hurt himself over the weekend, that the employee has another job) and facts to challenge the claim. The sooner you do this, the better, because once DOL approves a case or pays benefits, it is difficult to change the decision. If you plan to challenge a case but do not have time to gather information before you must process the claim paperwork, attach a note to the claim. Your CPAC ICPA will formally request an extension (normally 30 days) from DOL so DOL will not adjudicate the claim without the additional facts. You may also note your concerns about the case by adding additional evidence on Forms CA-1 and CA-2.

If DOL requires additional information, it will notify the doctor, employee, and the agency. A letter will be issued to request more evidence and information. Respond fully and promptly to any request. Without your input, DOL will consider only the information on hand. In some cases, your employee may have provided enough information to get his or her case approved, despite your initial efforts.

You should always challenge suspicious claims.

## **Maintaining Communication**

It is important to make regular contact with your employee to offer your assistance with any job or injury-claim concerns. Your employee will probably be anxious about his or her future employment. Regular communication with the employee will expedite recovery and will promote an easier return to duty.

Keep your managers and the injured employee's coworkers informed of what is happening. By doing so, you will receive their support and cooperation in dealing with the extra workload and, when the time comes, in bringing the injured employee back to work. Keep your CPAC ICPA informed by forwarding all documentation about your injured employee for inclusion in the official case file.

## **APF References**

United States Code, Title 5, section 8101, Definitions

Code of Federal Regulations, Title 20, part 10, Claims for Compensation Under the Federal Employees' Compensation Act

DOD 1400-25-M, Civilian Personnel Manual, subchapter 810, Injury Compensation

Rules about releasing information and the Privacy Act (<http://cpol.army.mil/library/permis/12c1.html>)

CA form examples with instructions (<http://www.chra.eur.army.mil>, click on *Management Tools, On-the-Job Injuries*, then on *Forms*)

Use of the EDI process to complete claim forms (<http://www.chra.eur.army.mil>, click on *Management Tools, On-the-Job Injuries*, then on *Forms*)

Questions and answers about FECA and injury compensation for Federal employees (<http://www.dol.gov/esa/regs/compliance/owcp/feca810m.htm>)

DOL homepage (<http://www.dol.gov>)

Civilian Personnel Management Services Injury and Unemployment Compensation Division website (<http://www.cpmc.osd.mil/icuc/icuc.htm>)

## **APF Traumatic Injury Rules for Issuing and Tracking Continuation of Pay**

To be eligible for COP, the employee must—

- Incur a traumatic injury during the course of a single workday.
- Provide medical documentation to support that he or she is totally disabled for work because of the injury.
- File Form CA-1 within 30 days after the date of injury.

COP counts in whole-day increments. (For example, an employee works 6 hours then misses 2 hours for an appointment related to the injury. The time and attendance report will show 6 hours of work and 2 hours of COP, but a whole day of the 45-day COP entitlement will be used.)

COP cannot exceed 45 calendar days. COP must be used within 45 days from the date of the injury or within 45 days from the first day the employee returns to work, if any of the 45 days has not been used and additional absences occur. As an exception, COP absences can go beyond the 45-day window only if it involves a continuous period of absence that started within the 45-day window. However, the total days used still cannot exceed 45 days. If it appears that the disability will last more than 45 days, you and the employee should complete Form CA-7. You should send Form CA-7 on the 30th day of COP to the CPAC ICPA, who will forward it to the district office handling the claim. After receiving the employee's claim, payment will be processed by the DOL.

If medical documentation indicates a period of absence that includes work and nonwork days, all the days count against the 45-day COP entitlement.

Use the Time Analysis Form (CA-7a) to track COP for each injured employee. Send a copy of this form and supporting medical documentation to the CPAC ICPA at the end of each pay period for inclusion in the agency injury file.

### **APF Leave Buy-Back Information**

Employees who elect to use sick or annual leave during their period of disability to avoid interruption of income may claim compensation for the period of disability and “buy back” the used leave. This option is subject to approval of the employing agency and DOL.

Once the injury or disease claim is approved by the OWCP, the employee may submit a request to buy back the leave used during the disability from the job-related injury or disease. The request must be made using Forms CA-7, CA-7a, and CA-7b.

The following information will help employees make a decision:

- An employee (without dependents) is entitled to compensation at the rate of two-thirds of his or her regular salary. An employee with dependents is entitled to three-fourths of his or her regular salary.
- The gross amount paid for sick or annual leave during the disability period is the amount the payroll office will have to recover from the employee. The employee will be required to make arrangements with payroll to pay the difference between the compensation check and the money he or she received while on leave. If the leave is repurchased during the same tax year it was used, the employee should recoup most of the repayment at year-end tax time since the leave pay was taxed and the compensation pay is tax-free.
- To compute compensation, OWCP uses the highest of the pay rates on either the date of injury, the date of recurrence, or the date disability began.
- Any sick or annual leave used during the 45-day COP period cannot be used for buy-back purposes if the employee was not entitled to COP.
- In leave buy-back situations, all the leave previously used during the disability period must be converted to LWOP, since the leave earned during a period of disability was used for leave buy-back purposes. For compensation to be paid, an employee's pay status must be changed to LWOP. No leave is earned while on LWOP.
- Medical evidence supporting the period of disability must be submitted with the Form CA-7. The employee must use Form CA-7a to document dates, hours of absence, type of leave used, and total time claimed. You must then review the worksheet, compare it to the timesheets, and sign the form to certify its accuracy. For more information on leave buy-back, go to <http://www.dol.gov/esa/regs/compliance/owcp/ca-11.htm>.

## **APF Compensation Forms and Their Purposes**

**NOTE:** OWCP will work with only original forms. Send originals to the CPAC ICPA.

**Form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation.** Use the partially automated form in EDI, if it is available. Use this form for traumatic injury claims when an employee is hurt because of a single event or the event occurred within 1 workday.

**Form CA-2, Notice of Occupational Disease and Claim for Compensation.** Use the partially automated form in EDI, if it is available. Use for occupational disease or illness claims when a medical condition has developed over more than 1 workday (for example, carpal tunnel, skin disease). A Form CA-35 checklist and medical report should accompany each Form CA-2.

**Form CA-2a, Notice of Recurrence.** Use this form for recurrence of an injury or occupational disease when a medical condition has flared up for no explainable reason other than a previous work-related condition.

**Form CA-7, Claim for Compensation on Account of Traumatic Injury or Occupational Disease; Form CA-7a, Time Analysis Form; and CA-7b Leave Buy Back (LBB) Worksheet/Certification and Election.** Use these forms to—

- Claim lost wages when COP expires on a traumatic injury and to claim wage loss on occupational disease claims.
- Initiate leave buy backs.
- Claim a schedule award (employee has reached maximum medical improvement but has suffered a permanent disability or impairment).

**Form CA-16, Authorization for Examination and/or Treatment.** This form will be provided to you on request by your CPAC ICPA. This form is used to authorize examinations and treatments.

**Form CA-17, Duty Status Report.** Regardless of whether the employee is using a military or off-base medical provider, you must send the Form CA-17 or the position description and a light-duty-availability notice to the physician with the employee. These documents inform the doctor of the physical requirements of the employee's position; identify light or part-time duty; explain accommodation options; and provide the doctor with information that is important for evaluating whether the employee should return to full duty or light duty.

**Form CA-20, Attending Physician's Report.** Use this form for reporting occupational diseases or traumatic injuries that occurred more than 48 hours ago. You will issue a Form CA-20 to the employee for the doctor to complete and return to employee. You should be aware that if the employee's claim is accepted, the medical bill will be paid even though a Form CA-16 was not issued.

**Form CA-35, Evidence Required in Support of a Claim for Occupational Disease.**

**Form OWCP 915, Claim for Medical Reimbursement.** This form should accompany all bills that the employee has already paid. A copy of the bill and receipt of payment should be included with this form.

For more information about workers compensation forms and their use, go to <http://www.dol.gov/esa/regs/compliance/owep/forms.htm>. Forms CA-1 and CA-2 are in EDI. All other forms are available at the DOL website.

### **APF List of Civilian Personnel Advisory Centers (CPACs)**

<b>CPAC</b>	<b>DSN Telephone Number</b>	<b>DSN Fax Number</b>
BENELUX	361-5319	361-5386
Grafenwöhr	475-7264	475-6124
Hanau	323-2474	323-2287
Heidelberg	370-1430	370-7501
Kaiserslautern	489-7341	489-6102
Livorno	633-7032	633-7049
Stuttgart	421-2150	421-2077
Vicenza	634-7349	634-8344
Würzburg	351-4662	351-4630

## APF Tips on Using EDI To File a Claim

Go to [http://www.chra.eur.army.mil/policy/mgmt\\_tools/injuries.htm](http://www.chra.eur.army.mil/policy/mgmt_tools/injuries.htm) to review the EDI Supervisor Training Module.

### Entering telephone numbers:

- Enter work civilian telephone number (for example, 0114962215436).
- The system will accept up to 16 digits, no hyphens.

### Entering addresses:

- Enter APO address when available.
- To enter a foreign address enter FA into state field and country code (below) in the zip code field.
  - ◆ Country codes are: Belgium (748A), Germany (732B), Italy (700A), Netherlands (884A), United Kingdom (800B).
  - ◆ Example: 62 Wieslochstrasse, 69235 Wiesloch, FA 732B

### Fields:

- White boxes: All white boxes must be completed or the form will not be accepted by the system.
- Yellow highlighted boxes: Optional information (useful, but not required).

### Date of injury:

- The injury date must be consistent throughout form.
- Electronic forms will not accommodate a date and time later than the current date and time.

### Time:

- Enter regular clock time, not military clock time (for example, use 01:30 pm, not 1330).

**Statements:** Ensure that each witness statement and physician statement includes an address, telephone number, and signature.

# NONAPPROPRIATED FUND PROGRAM

## Overview

The nonappropriated fund (NAF) Workers' Compensation Program provides benefits to NAF employees for work-related injuries or illnesses and to their surviving dependents if a work-related injury or illness results in the employee's death. This program covers NAF employees in the U.S. employment system. Off-duty military and local national (LN) NAF employees are not covered by this program. They are covered by their respective programs.

The Workers' Compensation Program is part of the Army NAF Risk Management Program (RIMP). It is established in AR 215-1, chapter 14, section XV. The NAF Workers' Compensation Program is a self-insured program funded by the Army Central Insurance Fund. It is administered by the DOL under the Longshore and Harbor Workers' Compensation Act (LSHWCA) (information is at <http://www.dol.gov/esa/owcp/dlhwc/lstable.htm>). A contractor claims service handles the adjudication of claims. A table of forms, their use, and time limits is on page 25.

As soon as circumstances permit after an employee has informed you that he or she has been injured, contact your servicing NAF HRO. The HRO will guide you and your employee through the process of filing reports and claims and can provide you with the required forms. All reports and claims that you and your employee file will be sent to the NAF HRO. The NAF HRO is responsible for submitting the forms to the DOL RIMP Office and claims-service contractor.

No matter how minor, all injuries must be reported. Employees should be encouraged to report all work-related illnesses or injuries to you and to file an official report even if there is no lost time or medical expense. Even if you do not agree with your employee's report or doubt that an injury or illness is work-related, you must still work with the employee to report and file a claim. Only the claims-service contractor can adjudicate a claim. If you believe that the illness or injury is not work-related, you have an obligation to challenge the claim in writing when the initial report of injury is submitted. The sooner you accomplish this, the better, because once the claims-service contractor approves a case or pays benefits, it is difficult to have the decision changed.

You can anticipate that the claims-service contractor will contact you and the employee in a conference call to settle any conflict in the presented facts or write to you for more details on the case. Respond fully to such requests within the timeframes given by the claims-service contractor. The claims-service contractor can consider only the information it has. Without your answers, it can only adjudicate the claim based on the information received from the employee.

## Obtaining Medical Care

When an injury occurs, your first concern will be to determine if your employee requires immediate medical care. If immediate care is required and the employee is unable to choose a physician, you must determine where treatment will be obtained.

If the situation is not an emergency, discuss with the employee where to obtain treatment. After receiving the initial emergency treatment, NAF employees have the right to choose their physician for future treatment. Once the election is made, a request to change physicians must be authorized by the claims-service contractor before any change takes place.

When possible, try to use a military MTF for initial treatment, but not at the expense of timeliness of emergency treatment. The initial visit to an MTF for a work-related injury is free of charge for NAF employees. Make sure that the MTF staff knows that treatment is for a work-related injury. The treatment should not be billed against TRICARE or other insurance coverage. It must be recorded as a job-related injury.

If a non-MTF physician provides initial treatment, it will not be provided without cost. The employee will be billed for the treatment and must claim reimbursement with the claims-service contractor.

Subsequent treatment, whether provided by an MTF or private physician, will be charged to the employee. The employee must then file claims for reimbursement with the claims-service contractor through the NAF HRO.

You are responsible for providing Form LS-1, which is the authorization for initial treatment, to the employee to give to the attending physician. Form LS-1 is used even when a TRICARE-eligible employee receives initial treatment at an MTF. A German version of the Form LS-1 is available at your local NAF HRO for use when the employee receives treatment from German doctors or facilities. In unusual cases, when a Form LS-1 could not be issued, this must be stated on Form LS-202. The Form LS-1 is used only for the initial treatment.

## Reports and Claims

**Form LS-201.** As soon as the employee is able, he or she must complete Form LS-201. The form must be completed within 30 days.

**Form LS-202.** You must complete Form LS-202 to report injuries to the DOL, RIMP Office, and claims-service contractor to establish a claim. It is important that work schedules and salaries are accurate on the form and that all blocks are completed. The form must reach the NAF HRO in time for the HRO to notify the DOL, RIMP Office, and the claims-service contractor within 10 days after the employee's initial report of injury or occupational illness. The nonappropriated fund instrumentality (NAFI) is subject to DOL fines if the report is not filed within 10 days.

If the incident did not require medical attention or result in lost time, Form LS-202 will be provided only to the RIMP Office. Incidents that require medical attention but do not result in lost time are not reported to the DOL. They are reported to the RIMP Office and claims-service contractor.

If you believe there are any doubtful aspects to an employee's claim, you must work with the NAF HRO to inform the claims-service contractor immediately.

**Form LS-204.** Form LS-204 must be completed when absence from work due to an on-the-job injury extends over a long period of time. The employee is required to submit supplementary progress reports prepared by the attending physician to the NAF HRO every 30 days, attesting to the employee's continuing disability, with a final report attesting to employee's recovery and ability to return to work. You must ensure that the injured employee receives a supply of these forms and understands his or her responsibility to return completed forms. The LS-204 will become a part of the official case file and will be forwarded by the NAF HRO to the claims-service contractor.

**Form LS-210.** You must complete the Form LS-210 and provide it to the NAF HRO each pay period your employee is absent from work because of an injury or illness (lost time). You must also file a final report when the employee returns to work full-time.

## **Recording Absence From Duty**

The time that the employee is being initially treated for a work-related illness or injury is treated as working hours. The employee is carried on the time-and-attendance report as completing the regular shift. If the employee is not able to return to work and is a regular full-time or part-time employee, he or she has two options to receive benefits for lost time:

- **Option I.** If the employee earns leave, he or she may elect to use sick and annual leave. When compensation checks are received, they will be endorsed to the employing NAFI. The leave balance will then be credited with the appropriate number of hours based on the amount of payment. If leave is exhausted, the employee will be placed in an LWOP status.

- **Option II.** The employee may elect not to use leave and retain the compensation payments. In this case, he or she will be carried in an LWOP status.

The decision about which option to use will be made at the beginning of the claim period by the claim-service contractor and the employee. Sample leave-option elections are on page 26. An extract of AR 215-3, which addresses the leave options, begins on page 27.

Flex employees will be carried in a non-pay status.

The first 3 days of lost time are considered a waiting period for receiving benefits under the law. Benefits will be paid after 3 days of lost time and are payable on the 14th day after the claims-service contractor has been notified of the work-related illness or injury resulting in lost time. If the employee misses more than 14 days, he or she will be paid for the initial 3-day waiting period.

For advice and assistance about which option to take, direct your employee to see the NAF HRO.

## **Light-Duty Work**

Every effort should be made to return injured employees to duty as soon as the employee is medically released. A modified duty program is one of the best ways to help the employee return to work. It also helps to keep down the costs of the Workers' Compensation Program. The claims-service contractor will notify the NAF HRO when the employee is released to modified or full duty. A copy of medical limitations or restrictions imposed by the physician will be sent to the NAF HRO. The NAF HRO will work with you and other managers to find appropriate work. The NAF HRO will provide a statement of the duties to the attending physician for a determination of whether they are suitable based on the employee's condition. If the physician approves the statement of duties, the NAF HRO will notify the employee of placement. The claims-service contractor will be informed if the employee declines the work or fails to report for duty.

In extreme cases, injured employees may not be able to return to duty for an indefinite period. While these employees may be separated after a year of LWOP status, they may continue to receive compensation for as long as they are unable to return to work. These benefits are charged to the Army NAF RIMP.

A sample light-duty work offer is on page 28.

## Maintaining Communication

Maintain regular contact with your employees to let them know they are missed at work. Offer your assistance with any job or claims concerns. Employees will be anxious about the future and what is happening with their jobs. Regular communication can have a positive effect in expediting their recovery and return to work.

Keep your managers and the injured employee's coworkers informed of what is happening. By doing so, you will receive their support and cooperation in keeping up with the extra workload and, when the time comes, in bringing the injured employee back to work. Keep your NAF HRO informed by forwarding all documentation about your injured employee for inclusion in the official case file.

### Extract From AR 215-1, 15 August 2005

**Note:** The figures and tables are not included in this extract.

#### **Section XV**

#### **Workers' Compensation**

##### **14-79. Recipients**

Workers' compensation provides benefits to NAF employees who are disabled because of job-related illness or injury, or to surviving spouse and dependents in cases of death resulting from job-related causes.

##### **14-80. Authority**

Workers' compensation benefits are established under provisions of the Nonappropriated Fund Instrumentalities (NAFI) Act of 1958, (now 5 USC 8171-8173), which extends the provisions of the Longshore and Harbor Workers' Compensation Act (LHWCA) (33 USC 901 et seq.) to NAF employees.

##### **14-81. Applicability**

a. Benefits defined in this section apply to—

(1) Employees of NAFIs located within the United States.

(2) U.S. citizens or permanent residents of the United States or a territory, employed outside the U.S.

b. Benefits do not apply to:

(1) Active duty military employed by NAFIs.

(2) Local civilians employed by NAFIs overseas.

##### **14-82. Coverage**

a. Claims are adjudicated and paid by a commercial claims service contractor procured by the RIMP. Payments made by the contractor are derived from funds made available by the RIMP.

b. Administration is exercised by the U.S. Department of Labor District Offices, Office of Workers' Compensation Programs (OWCP). A listing of district offices is provided in table 14-4.

c. Compensation is paid for disability or death arising out of, and in the course of, employment. Compensation is denied if an injury or death is due solely to intoxication of the employee or resulted from a willful intent to injure or kill oneself or another person.

d. In broad terms, compensation covers employees—

(1) From the time they report for duty until the time they leave at the end of working hours. It does not normally cover travel to and from work.

(2) While traveling under temporary duty orders, unless the employee deviates from the scope of employment.

e. Except for benefits described in paragraph 14-83, compensation is not paid for the first 3 days of disability unless the total duration of the disability exceeds 14 days.

f. Employees may receive workers' compensation disability benefits or accrued sick leave if an expressed agreement is signed per AR 215-3. An example is provided at figure 14-2. The total weekly payment cannot be more than the gross weekly wage at the time of injury.

g. The employee may request sick leave or annual leave in conjunction with workers' compensation disability payments. Policy in AR 215-3 applies.

h. Any claimant or claimant's representative who knowingly and willfully makes a false statement to obtain workers' compensation benefits is guilty of a felony that may result in a fine, imprisonment, or both.

i. Any person who knowingly and willfully makes a false statement to reduce, deny, or terminate benefits to an injured employee may be fined, imprisoned, or both.

j. All NAF activities will post a copy of Department of Labor Form LS-242(NF) (Notice of Workers' Compensation Benefits) in a place that is conspicuous and accessible to all NAF employees. This form states that the employing NAFI holds required workers' compensation coverage.

k. The RIMP workers' compensation contractor is RSKCo Inc., P.O. Box 163986, Austin, TX 78716. All Department of Labor (LS) forms (table 14-5) are obtained from RSKCo. (Table 14-5 is located at the end of this chapter.)

#### **14-83. Benefits**

**a. Medical care.** Includes medical treatment services, medicines, and supplies, subject to provisions of the LHWCA.

(1) An employee has the right to choose a physician authorized to provide medical care under the LHWCA, but then may not change physicians without prior approval of the claims service contractor.

(2) At the time of injury, the employing NAFI may select a physician when prompt treatment is needed and the employee is unable to choose.

(3) The Form LS-1 (Request for Examination and/or Treatment) is given to the employee only once. The treating physician should, within 10 days after first treatment, send a medical report to the District Director, the claims service contractor, and the employer. Thereafter, the doctor should send reports at regular intervals.

#### **b. Disability.**

(1) Employees who become totally disabled, either temporarily or permanently, may receive up to two-thirds of their average weekly wage subject to, but not limited to, the following restrictions:

(a) The average weekly wage will not exceed 200 percent of the national average weekly wage, as determined by the Department of Labor.

(b) The average weekly wage will not be less than 50 percent of the national average weekly wage. An employee earning less than 50 percent of the national average may receive 100 percent of his or her average weekly wage.

(2) Employees who become partially disabled, either temporarily or permanently, may be entitled to, but not limited to, benefits as follows:

(a) Two-thirds of the difference between the average weekly wage before the injury and the actual wage earning capacity after the injury, for a period not to exceed 5 years.

(b) Awards may be allowed for loss of scheduled body parts (that is, hand, foot, eye) as stated in the law.

(c) The following death benefits are payable if the injury results in a qualifying work-related death:

1. Reasonable funeral expenses, not to exceed \$3,000.

2. 50 percent of the employee's average weekly wage payable to the surviving spouse living with or dependent on the deceased at the time of death. Upon remarriage, compensation totaling 2 years of payment is paid in one lump sum.

3. Sixteen and two-thirds (16-2/3) percent payable to each child, as defined in the LHWCA.

4. If the surviving spouse dies or remarries, half of the average weekly wage is paid to one child, and two-thirds to two or more children.

5. Benefits are also payable to other persons who satisfy the term "dependent," as defined in the LHWCA.

**c. Total payments.** Total compensation payable in all cases will not exceed two-thirds of the employee's average weekly wage. Payments are made bi-weekly.

#### **14-84. First reports by employees**

NAF employees or their agents must inform the employer of injury or death within 30 days.

#### **14-85. First reports by employers**

a. Employing NAFIs must notify the Department of Labor district office, RIMP, and the claims service contractor within 10 days of the date of injury or death or becoming aware of any injury, illness, or occupational disease or infection that results from the employee's employment.

b. Notification is made on Department of Labor Form LS-202 (Employer's First Report of Injury or Occupation Illness). Instructions for preparing this form and a sample completed form are provided in figure 14-3.

c. Completed forms are prepared and signed by the activity manager and reviewed by the servicing NAF Human Resources Office.

d. Copies are submitted as follows:

(1) Two copies to the appropriate Department of Labor district office listed in table 14-4.

(2) One copy to the claims service contractor at the address listed in paragraph 14-82k.

(3) One copy to RIMP (CFSC-FM-I), 4700 King Street, Alexandria, VA 22302-4406.

e. Exceptions to Form LS-202 submissions requirements are as follows:

(1) Incidents that do not require medical attention or involve lost time require submission to RIMP only. Copies are not provided to the claims service contractor or Department of Labor district office.

(2) Incidents that require medical attention but do not involve lost time require submission to RIMP and the claims service contractor. Copies are not provided to the Department of Labor district office.

f. Activity managers will notify the RIMP and claims service contractor of any doubtful aspects of any claim immediately.

g. NAFIs will keep records of all injuries as required by the LHWCA.

#### **14-86. Claims procedures**

Activity managers will ensure that the following procedures are implemented in the event of any injury:

a. Arrange for prompt treatment in an emergency, at the installation medical treatment facility or by a civilian physician.

b. Complete Part A, Department of Labor Form LS-1. A sample form is provided in figure 14-4. The following information, as a minimum, is included:

(1) Item 2: The name and address of the physician or medical treatment facility authorized to provide medical service.

(2) Item 12: The address of the servicing Department of Labor district office in table 14-4.

(3) Item 13: RIMP claims service contractor listed in paragraph 14-82k. emergencies or where circumstance do not permit the employee to choose a physician, note on the LS-202 that LS-1 was not completed.

c. Send the completed Part A with the employee to the physician or medical facility whenever possible. In emergencies or where circumstance do not permit the employee to choose a physician, note on the LS-202 that LS-1 was not completed.

d. Send Part B to the Department of Labor district office and the claims service contractor (a requirement by the doctor or medical treatment facility.) (Note: The medical authorization in Form LS-1 is valid only for initial treatment. Additional or continuing treatment is authorized only by the claims service contractor.)

e. Complete Form LS-202 as prescribed by paragraph 14-85. The NAFI is subject to Department of Labor fines if this report is not filed within 10 days.

f. Complete Department of Labor Form LS-210 (Employer's Supplementary Report of Accident or Occupational Illness) if the Form LS-202 described above does not show a return to work date. A sample LS Form 210 is shown in figure 14-5. A separate LS Form 210 is completed and sent to the claims service contractor:

(1) For every pay period the employee remains disabled from performing assigned duties.

(2) When the employee returns to work.

g. Assist the claims service contractor with coordination through the NAF Human Resources Office.

h. Send all related documents, such as bills, reports, and correspondence of any kind received from any injured employee, agent, doctor, or medical facility, to

the claims service contractor with coordination through the NAF Human Resources Office.

#### **14-87. Use of military medical facilities**

a. Use of military medical facilities by NAF employees normally is limited to initial or emergency treatment only and is free of charge. In non-emergency cases and for all other treatment, employees must select a civilian doctor or medical facility, as explained in paragraph 14-83.

b. In overseas areas or in CONUS remote areas where no adequate civilian medical facilities exist, follow-up treatment or hospitalization is authorized at rates set by The Surgeon General of the Army. The employee must personally pay for military medical treatment. Itemized receipts, however, are sent to the claims service contractor for reimbursement.

c. The first reports explained in paragraphs 14-84 and 14-85 are filed regardless of the source of medical treatment.

#### **14-88. Modified duty/return to work program**

a. A modified duty/return to work program is one of the best ways to keep the costs of workers' compensation claims down. Every effort should be made to return the injured employee to work as soon as the employee is medically released.

b. When an employee is brought back into the workforce on modified duty, the following procedures are followed:

(1) The claims service contractor will notify the NAF Human Resources Office when an injured employee is released to modified or full duty by the treating physician. A copy of the medical limitations or restrictions imposed by the medical physician is sent to the NAF Human Resources Office.

(2) The NAF Human Resources Office, in coordination with the employee's supervisor, will determine whether the employee, with reasonable accommodation, can return to his/her regular position. If the employee, with reasonable accommodation, cannot perform the essential functions of the position, the NAF Human Resources Office will review all available openings at the installation to determine if another position exists which meets or can be modified to meet the physical restrictions of the employee. If a position is not identified for the returning employee, the claims service contractor is notified in writing.

(3) The identified position must be actual work with a proper job description, where the employee can accomplish a task beneficial to the overall workings of the installation—a made-up position is not acceptable.

(4) When the position is identified and the job description written indicating the modified duties of the position, the job description is provided to the claims service contractor for approval by the treating physician.

(5) After the physician approves the modified duties in the job description, a job offer letter is sent to the employee by certified mail/return receipt requested. If the employee declines the position, the claims service contractor is notified immediately. If the employee accepts the position, the employee is expected to report to the NAF Human Resources Office on the date and time indicated. If the employee does not appear for work after accepting the position, the claims service contractor is notified immediately.

c. When the employee reports to work, the supervisor should explain exactly what duties are expected of the employee. Every effort is made for a smooth transition back to work.

## NAF Forms and Time Limits

Activity	Forms	Completed By	Forward to	Timeframe
<b>Step 1:</b> Employee notifies supervisor of injury.	LS-201, Notice of Employee's Injury of Death	Employee	NAF HRO	Immediately or, if unable to complete immediately, not later than 30 days.
<b>Step 2:</b> Supervisor authorizes medical treatment.	LS-1, Request for Examination and/or Treatment	Part A: Supervisor Part B: Physician	NAF HRO	At time of injury or within 24 hours.
<b>Step 3:</b> File the claim.	LS-202, Employer's First Report of Injury or Occupational Illness	Supervisor	NAF HRO	Within 3 days after injury or illness. To DOL within 10 days after injury or onset of illness.
<b>Step 4:</b> Follow up with doctor's reports.	LS-204, Attending Physician's Supplementary Report	Physician	NAF HRO	Every 30 days.
<b>Step 5:</b> Finalize the claim.	LS-210, Employer's Supplementary Report of Accident or Occupational Illness	Supervisor	NAF HRO	On return to work if not reported on Form LS-202. Due every pay period and on return to work.

**NOTE:** Forms are available at <http://www.dol.gov/esa/owcp/dlhwc/lforms.htm>.

## NAF Sample Leave Option Agreements

Workers' compensation benefits are provided to injured employees according to AR 215-1, chapter 14, section XV. Employees entitled to receive workers' compensation benefits for illness or injury may elect to accept one of the following options according to AR 215-3, chapter 5:

## **OPTION I**

Receive workers' compensation disability benefits supplemented with accrued or advanced sick or annual leave up to an amount not exceeding basic salary. This is accomplished by the payment of full annual or sick leave benefits with partial reimbursement of leave used through the employee's assignment of all workers' compensation temporary disability benefits to his or her employing fund.

I elect to use leave. I understand that my leave balance will be credited with the appropriate number of hours based on the amount of my workers' compensation benefits I receive. I will endorse the checks received to my employing fund.

I request that all workers' compensation temporary disability benefits checks be mailed to me at the following address:

[employee address]

---

Employee Signature and Date

## **OPTION II**

Receive only workers' compensation temporary disability benefits.

I elect to be placed on leave without pay for the entire period of absence due to injury or occupational disease. I understand that if compensation is denied, I may then elect to substitute sick and annual leave for the period of leave without pay.

---

Employee Signature and Date

## **Extracts From AR 215-3, 29 September 2003**

### **5-23. On-the-job injury**

a. When an employee is injured on the job and medical treatment is necessary, administrative leave will be granted for the initial first aid treatment on the day of injury.

b. If a regular employee loses time as the result of an on-the-job injury and wants to use accumulated sick leave or annual leave in lieu of workers compensation payments, the employee must sign a leave option agreement. If the employee signs the leave option agreement electing the use of leave, the checks received as workers compensation benefits will be endorsed by the employee to the employing NAFI. The leave balance will then be credited with the appropriate number of hours based on the amount of the payment. Upon exhaustion of leave balance, the employee will be in a LWOP status and retain the workers compensation payments. Questions on the leave option agreement should be addressed to the U.S. Army Workers Compensation Administrator, USACFSC-RMI, 4700 King St., Alexandria, VA 22302-4414.

c. If the employee does not sign the leave option agreement, LWOP is mandatory (see para 5-33). Upon request the employee shall be granted sick leave or annual leave from the employee's accumulated leave balances, provided the leave payments, when added to the workers compensation benefits, do not exceed the employee's basic salary.

d. If the employee elects to be placed on LWOP for the entire period of absence and if compensation is denied by the Office of Workers Compensation Programs, any sick leave or annual leave to the employee's credit may be substituted for an equivalent amount of LWOP when requested by the employee.

### **5-33. Duration of LWOP**

An employee who has been granted LWOP due to an on-the-job injury will, at the end of one year, be separated without prejudice, when it has been determined by medical authority that the employee is unable to return to duty and if reasonable efforts to reassign the employee to another position for which he/she qualifies have failed. This separation action does not independently affect or prejudice any claims or payments under workers compensation or disability retirement. If the employee subsequently becomes available for duty, he/she may be reemployed noncompetitively.

## NAF Sample Light-Duty Offer

1. You are being offered a light-duty assignment, the duties of which conform to the physical limitations imposed by (*doctor's name*), who is treating you for your on-the-job injury, which occurred on (*date*). The following is provided regarding the light-duty assignment:

(*position title-series-grade-pay level*)

(*rate of pay*)

(*duty location*)

Description of physical requirements and duties of the position:

(Example: *This will be a full-time sedentary position, but you will be allowed to sit or stand as you require. The physical demands are those typical of office work, including lifting less than 15 pounds. You will be required to sort material within an organization to appropriate personnel using alphabetical, numerical, chronological, or subject-matter expert filing system. You will answer the telephone and relate messages both orally and in writing. Typing is not required for this position. You will maintain a filing system and follow simple oral and written instructions.*)

The position is available (*date*).

The light duties described above will continue until your physician returns you to regular duty. At the present date, your physician has authorized light duty from (*date*) to (*date*).

2. Please return your acceptance or declination of this light-duty offer to the NAF Human Resources Office no later than (*date*).

\_\_\_\_\_  
NAF HR Specialist Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

I accept \_\_\_\_\_

I decline\* \_\_\_\_\_

\* I understand that if I decline a suitable job offer, my compensation benefits may be terminated.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

# HOST NATION PROGRAM (GERMANY)

## Overview

The *Unfallkasse des Bundes* (Federal accident insurance agency (FAIA)) is a German public-service authority that legally acts as the administrative insurance carrier for on-the-job accidents, accidental injuries while commuting to or from work, and occupational diseases for all LN employees of the U.S. Forces in Germany.

The U.S. Government is self-insured. It reimburses the German Government each quarter for the actual disbursements paid for medical treatment provided to LN employees by physicians in cases of on-the-job injuries, accidental injuries, or occupational illnesses.

Reporting an on-the-job accident or occupational illness to the FAIA depends solely on the medical treatment rendered, not the number of days or hours the LN employee is absent from work. Submitting an accident report does not automatically confirm the occurrence of a work-related injury or occupational illness. Only the FAIA has the authority to make that determination. All information and circumstances relevant to the accident or occupational illness must be provided to the FAIA to assist them in the determination.

An early report of an on-the-job injury, accidental injury, or occupational illness is in the best interest of both the employee and the U.S. Forces. The sooner the FAIA is in possession of all relevant information, the sooner it can process the services like medical treatment, occupational assistance, and monetary benefits to the employee or the employee's family, when applicable. However, their review could also result in the determination that there is no or only a limited liability of the U.S. Forces for bearing these costs.

Any accident that occurred within a facility of the U.S. Forces and resulted in the death of an LN employee must be reported immediately to the appropriate German authority (for example, local police agency), in addition to FAIA.

LN employees may visit a physician of their choice when they seek medical treatment. However, the employee will be referred to an occupational medical specialist—or so-called D-doctor (*Durchgangsarzt*)—when any of the following apply:

- The injury results in a work-disabling condition.
- Treatment will last more than 1 week.
- The employee will require medical treatment for a complication resulting from an earlier on-the-job injury.

## **Reports and Claims**

For on-the-job injuries and accidental injuries that occur while the employee commutes to or from work and that require treatment by a medical doctor, complete of AE Form 385-40A (*Unfallanzeige* (LN Accident Report)). (Detailed instructions to complete this form are in AE Regulation 385-40, Accident Reporting and Records.)

An occupational illness that requires treatment by a medical doctor must be reported by completing AE Form 385-40B (*Anzeige des Unternehmers über eine Berufskrankheit* (Report of the Employer Regarding an Occupational Illness)). (Detailed instructions to complete this form are in AE Regulation 385-40.)

## **Employee Responsibilities**

LN employees must immediately report the following incidents to their supervisor:

- Injuries resulting from an on-the-job accident.
- Injuries resulting from an accident while commuting to or from work that require medical treatment.
- Occupational illnesses that require medical treatment (after determination by a competent physician).

LN employees who receive inquiries or questionnaires from the FAIA about an on-the-job accident or occupational illness should contact the local safety office for assistance.

## **Supervisor Responsibilities**

When an LN employee has an accident or suffers from an occupational illness, you or your designated representative in the supervisory chain of command must initiate an investigation to determine the causes and factors that contributed to the accidental injury or occupational illness.

You must ensure that the following personnel participate in the investigation:

- A safety specialist from the responsible local safety office.
- The appointed LN safety representative (*Sicherheitsbeauftragter*) of the unit, activity, or organization.
- The elected, local severely handicapped employee's representative (*Schwerbehindertenvertretungsperson*) if a severely handicapped employee is injured.
- A representative of the local works council.

## **Recording Absence From Duty**

Unfitness for work caused by an on-the-job injury is considered sick absence. The monthly attendance records have a special code that identifies the relation of the absence to the on-the-job or accidental injury.

As with any other absence caused by illness, if the employee will be absent from work for an indefinite period of time, it is possible to hire a temporary replacement until the injured employee returns to work.

## **Light-Duty Work**

As long as the employee is in a medically certified sick absence status, he or she cannot be required to accept an offer of light duty. Only on a voluntary basis and in coordination with the treating physician may the employee elect to perform such duties until he or she has fully recovered and can resume the regular contractual obligations.

There are medical situations where a treating physician may recommend that the employee be brought back to the job slowly with reduced workhours until the employee has fully recovered. Depending on the operational effect of this method, you may accept or deny such a recommendation.

## **Partial Disability**

Depending on the type of physical injury, the employee may not be able to regain the ability for full job performance. This may result in a life-long injury payment (*Verletztenrente*) in addition to the regular income or retirement pay. The costs for the injury payment will be borne by the U.S. Forces. The German authorities will determine the amount of the injury payment based on the severity of the injury.

## **Permanent Disability**

If it is medically confirmed through the German authorities that the employee will no longer be able to work because of the job-related injury, the employee will receive a disability pension paid by the U.S. Forces. The German authorities will determine the amount of this pension based on the effect the injury had to the body according to German rules and regulations.

# HOST NATION PROGRAM (BELGIUM)

## Overview

The Belgian Ministry of Defense, acting on behalf of the U.S. Forces, underwrites an insurance policy against work accidents with Ethias, a private insurance company.

Ethias—not the U.S. Government—will decide on the payment of claims and communicate with the employee.

Costs, indemnities, and annuities resulting from a work accident or an accident that occurs while commuting to or from work will be charged to Ethias, not to the U.S. Government or the local employing activity.

## Employee Responsibilities

An employee injured by an on-the-job accident or an accident occurring while commuting to or from work must inform you within 48 hours.

The information to be provided to you includes the date, time, and place of the accident; the cause of the accident; any injuries sustained; the names of any witnesses or third parties involved; the police report (if any); and any other relevant information.

Injured employees may only resume their duties after providing you a medical certificate certifying that resumption of duties will not be detrimental to the employee's health or that the employee has fully recovered without aftereffects.

Medical certificates completed by the attending physician must be forwarded to you immediately.

## Supervisor Responsibilities

You must ensure injured employees receive first-aid and are taken to the nearest hospital as soon as possible, if required.

You should ensure that the employee is given a *Demande de Soins Medicaux-Aanvraag van Geneeskundige Verzorging* (Request for Medical Care) before going to the doctor. This form is comparable to the U.S. Form CA-16. You must complete and sign the form and include two blank medical certificates. The employee will give these to the doctor to ensure that costs for medical treatment are billed to the insurance company. In emergency situations, these forms should be provided to the doctor or hospital as soon as it is possible without delaying medical care.

You must complete a work-accident report and send it to the safety officer within 10 days after the accident. You should provide pertinent information about the circumstances surrounding the accident.

Because benefits are paid by an independent insurance company, you may request to hire a temporary replacement until the return of the injured employee with little risk of double payment of salaries.

An offer of light-duty employment can be considered only in coordination with the treating physician, the labor physician, and the Ethias physician.

## **Coverage**

A “work accident” is *any accident happening to an employee during and by the fact of the execution of the labor contract and which causes an injury*. This includes accidents that happen while on TDY and accidents that happen on the way to or from work. The following applies to accidents on the way to or from work:

- The “way to or from work” means the normal journey the employee must travel to go from his or her residence to the workplace and back. The journey is still considered “normal” when the employee makes a necessary detour or short stop in case of a carpool or to take children to the nursery or the school and to pick them up.
- The journey from the residence to the worksite begins as soon as the employee passes the doorstep of his or her primary or secondary residence and ends when he or she passes that doorstep again.
- Also considered as the way to or from work is the journey traveled—
  - ◆ From the worksite to the place where the employee has or buys his or her lunch and on the way back.
  - ◆ From the worksite to the place where the employee takes courses for professional training and from that place to his or her residence.
  - ◆ From the worksite to the place where the employee gets all or part of the salary paid in currency and on the way back.
  - ◆ To look for another job during the notice period within the limits set by the law on labor contracts and with the supervisor’s approval.
  - ◆ To go, even outside duty hours, from the employee’s residence or the place where the employee has another job to his or her former employer to return or receive documents pertaining to social security, work clothes, or equipment.

## Benefits

The following benefits are paid by Ethias:

### Work Disability.

- **Temporary Disability.**
  - ◆ When the accident caused a temporary, but total work disability, the employee is entitled to a daily indemnity equal to 90 percent of the average daily salary (with a cap).
  - ◆ If the employee accepted the resumption of duties, he or she is entitled to the difference between his or her salary before the accident and his or her salary since the resumption of duties.
- **Permanent Incapacity.** If the incapacity is or becomes permanent, a yearly allowance calculated using the basic salary and the degree of incapacity replaces the daily indemnity.

### Medical Care.

- The employee is entitled to medical, surgical, pharmaceutical, and hospital care required because of the accident.
- The cost of medically required prostheses and orthopedic devices are paid by the insurer.
- The period during which those costs are paid by the insurer is limited.

### Accidental-Death Benefits.

- **Funeral Fees.** When the employee dies because of the consequences of the work accident, a funeral fee indemnity equal to 30 times the average daily salary is granted.
- **Transfer Fees.** In addition to the funeral fees indemnity (above), the insurer pays the fees to transfer the body to the place where the family wishes to bury it, including taking care of the administrative formalities.
- **Life Annuity.** The beneficiaries of the employee may, under certain conditions, be granted a life annuity proportional to the employee's basic salary, as follows:
  - ◆ A spouse neither divorced nor separated: 30 percent.
  - ◆ Children: 15 percent each, up to a maximum of 45 percent.
  - ◆ Orphan children: 20 percent each, up to a maximum of 60 percent.
  - ◆ Without spouse and children: parents, grandparents, grandchildren, brothers, and sisters may in certain cases be granted a life annuity.

# HOST NATION PROGRAM (ITALY)

## Overview

The *INAIL (Istituto Nazionale Assicurazione contro gli Infortuni sul Lavoro)* is an Italian public-service agency that legally acts as the administrative insurance carrier for on-the-job accidents, accidental injuries while commuting to or from work, and occupational illness for all LN employees of the U.S. Forces in Italy.

The U.S. Government pays the premium to *INAIL* on an annual basis. The percentage of premium paid for each employee is based on the risk-category level of the duties performed and the number of injuries that occurred during the year. There are 17 risk-category levels. In cases of on-the-job or accidental injuries, the U.S. Government pays the employee and is reimbursed by *INAIL* based on the employee's salary information provided by the LN payroll office. In cases of occupational illnesses, *INAIL* makes the payment directly to the employee.

Reporting on-the-job accidents and occupational illnesses to *INAIL* is required only if the initial doctor's certificate prescribes the employee more than 3 days of absence from work. Submitting an accident report does not automatically confirm the occurrence of a work-related injury or occupational illness. Only *INAIL* has the authority to make that determination. All information and circumstances relevant to the accident or occupational illness must be provided to *INAIL* to help them make the determination.

Immediate reporting to *INAIL* (with an information copy to the local police department) of an on-the-job injury, accidental injury, or occupational illness is required by law in cases of accidents resulting in the death of the LN employee. Delays in the submission of these reports may result in additional fees being incurred by the U.S. Forces. The sooner *INAIL* has all relevant information, the sooner it can process the calculation of the reimbursement for the employer. *INAIL*'s review also could result in the determination that there is no, or only limited, liability of *INAIL* for bearing these costs.

LN employees who have on-the-job accidents or accidental injuries while commuting to or from work must be immediately directed to the first aid of the Italian hospital. If the injury is minor, employees may see their family physician. In all cases they must obtain a doctor's certificate and immediately submit it to the CPAC. When a continuing condition is the result of an on-the-job injury, the employee must provide another doctor's certificate (certificate of continuation).

## **Claims and Forms**

On-the-job injuries and accidental injuries that occur while the employee commutes to or from work and require treatment by a medical doctor are reported to *INAIL* by the CPAC with *Mod. 4 - Prest (Denuncia di Infortunio)*. CPAC completes the personal data part and the LN payroll office provides the employee's salary data.

Reporting occupational illnesses is also made by CPAC and the LN payroll office by completing *Mod. 101 - L (Denuncia di Malattia)*.

## **Employee Responsibilities**

LN employees must immediately inform you of the following:

- Injuries resulting from an on-the-job accident or resulting from an accident while commuting to or from work that require medical treatment.
- Occupational illnesses. An occupational illness must also be reported either to the local CPAC or to the post competent physician, who will issue a medical certificate to the CPAC.

As soon as possible, LN employees must provide a copy of the doctor's certificate of the incident to you or directly to the CPAC.

LN employees who receive inquiries or questionnaires from *INAIL* about an on-the-job accident or occupational illness should contact the local CPAC for assistance.

## **Supervisor Responsibilities**

When an LN employee has an accident or suffers from an occupational illness, you or your designated representative in the supervisory chain of command must report it immediately to the CPAC and provide detailed information of the date, time, circumstances, causes, and factors that contributed to the accidental injury or occupational illness and the names of any witnesses.

## **CPAC Responsibilities**

The CPAC must report on-the-job injuries to *INAIL* and to the local police department within 2 days after the date it receives the medical certificate; occupational illnesses must be reported within 5 days after the date that the physician reported the illness to the CPAC.

The CPAC must keep a log of all on-the-job injuries that includes the names of employees, the dates of accidents, causes, the nature of injuries, and the number of days of absence authorized by physicians.

The CPAC must also inform the local base safety officer and occupational health nurse.

## **Time and Attendance Records**

Unfitness for work caused by an on-the-job injury is considered sick absence. Monthly attendance reports will have a special code that identifies the relation of the absence to the on-the-job injury or accidental injury.

As in any other case of sick absence, if the employee is absent from work for an indefinite period of time, it is possible to hire a temporary replacement until the injured employee returns.

## **Light-Duty Offer**

As long as the employee is in a medically certified sick-absence status, he or she cannot be required to accept a light-duty offer. Only on a voluntary basis and in coordination with the treating physician may the employee elect to perform such duties until he or she has fully recovered and can resume the regular contractual obligations.

In certain situations, the treating physician may recommend that the employee be brought back to the job with reduced workhours until the employee has fully recovered. Depending on the effect this has on operations, you may or may not accept this recommendation.

## **Permanent or Partial Disability**

Depending on the type of physical injury, the employee may not be able to regain the ability for full job performance. This may result in a payment in addition to the regular income or retirement pay. The costs for the injury payment will be borne by *INAIL*, which will determine the amount of the injury payment based on the severity of the injury. Depending on the percentage of the disability, *INAIL* will effect the payment as follows:

- Up to 5 percent disability: no payment will be made.
- From 6 to 15 percent disability: a one-time payment will be made.
- From 16 to 100 percent disability: payment will be made every 2 months.

# **HOST NATION PROGRAM (UNITED KINGDOM)**

## **Overview**

The “Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 1995” (RIDDOR) applies to all U.S. Army LN employees in the United Kingdom (UK). It also applies to employees deployed with the U.S. Army in Kuwait and Afghanistan and those on TDY to Field Support Battalion - Hythe (FSBn-Hythe) in Yokohama, Japan.

The RIDDOR prescribes procedures for reporting specified accidents and cases of ill-health caused by or occurring during the course of employment.

FSBn-Hythe follows a standing operating procedure (SOP) entitled, “The Reporting of Accidents, Injuries, Diseases and Dangerous Occurrences.” This SOP provides detailed reporting requirements.

## **Supervisor Responsibilities**

Report all accidents, near misses, diseases, and occupational illnesses to the safety officer and the commanding officer.

Make the area safe, give first aid to preserve life, prevent further injury.

If required, summon emergency services.

Carry out initial accident investigation. The safety officer will carry out a more detailed investigation if required.

Ensure the safety officer or manager makes an entry in Accident Book B1 510, (which is in the safety office and the Ministry of Defense Police main gate at FSBn-Hythe). Ensure the injured employee signs the Accident Book B1 510.

Check with the safety officer to ensure that reporting is done according to the RIDDOR.

Report a death or major injury to the safety officer using the quickest practical means.

Report other accidents, including accidents requiring an employee to be absent from work for 4 or more days, and occupational diseases on the forms as noted below.

## **Claims and Forms**

In accordance with UK regulations, the reporting of accidents is a function of the safety officer or manager.

The safety officer will report accidents or occupational diseases using Form F2508 and F2508A. Safety officers will complete and send these forms within 10 days to the Incident Contact Centre, Caerphilly Business Park, Caerphilly, CF83 3GG.

You (the supervisor) or the safety officer should check to see if the employee was required to take time off after the accident or incident because of the accident or injury.

Matters of statutory sick pay, classification of the accident as an industrial injury, re-crediting of accrued sick leave, special sick leave, doctors' medical certificates, self-certification, and reporting to work sick are all matters covered by local procedures.

Solicitors' letters, claims for litigation, and claims for compensation should be addressed to the commander and forwarded to the safety office. The safety officer will immediately fax them to the Public Liability Group of the Directorate of Safety and Claims, Ministry of Defense at 020-7807-0051 and will call 020-7807-0075 to advise that office of the incoming fax. This section of the Ministry of Defense deals with litigation claims on behalf of the United States Visiting Forces (USVF) in the UK.

Questions about the RIDDOR for reporting accidents and incidents in the UK for U.S. Army LN employees can be addressed to the FSBn-Hythe Safety Officer, civilian telephone 02380-203480 or DSN 243-3480.

## GLOSSARY

APF	appropriated fund
BENELUX	Belgium, the Netherlands, and Luxembourg
COP	continuation of pay
CPAC	civilian personnel advisory center
D-doctor	<i>Durchgangsartz</i> (occupational medical specialist)
DOL	United States Department of Labor
EDI	electronic data interchange
FAIA	Federal accident insurance agency
FECA	Federal Employees' Compensation Act
FSBn-Hythe	Field Support Battalion - Hythe
HRO	human resources office
ICPA	injury compensation program administrator
<i>INAIL</i>	<i>Istituto Nazionale Assicurazione contro gli Infortuni sul Lavoro</i>
LN	local national
LSHWCA	Longshore and Harbor Workers' Compensation Act
LT	code on appropriated fund time and attendance report for "out due to injury"
LWOP	leave without pay
NAF	nonappropriated fund
NAFI	nonappropriated fund instrumentality
OPM	Office of Personnel Management
OWCP	Office of Workers' Compensation Program
RIDDOR	Reporting of Injuries, Diseases, and Dangerous Occurrences Regulation, 1995
RIMP	Risk Management Program
SOP	standing operating procedure
TDY	temporary duty
UK	United Kingdom
U.S.	United States
USVF	United States Visiting Forces

**NOTE:** This pamphlet uses the word *dependent* when and where that word has a specific meaning in the context of the program being discussed.